

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026112

FILED VS AUG 6 1959

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Length of stay in 1b		c. CITY OR TOWN <u>Hayti</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>106 North Maple</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>106 North Maple</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Will</u> Middle <u>H.</u> Last <u>Harvey</u>				4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1959</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-30-09</u>	9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kilmichael, Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		
13a. FATHER'S NAME <u>Jim Harvey</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Logan</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>428-39-7877</u>		17. INFORMANT <u>Malie Harvey 106 N. Maple Hayti, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism + Infarction</u> DUE TO (b) <u>Cellulitis + Thrombophlebitis Rt Arm</u> DUE TO (c) <u>Accidental laceration Rt Arm</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Arm allegedly cut accidentally on truck</u>							
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Will Harvey</u> (Degree or title) <u>W.D.</u>				22b. ADDRESS <u>Hayti, Mo.</u>				22c. DATE SIGNED <u>8-1-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-2-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lindsey Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Kilmichael, Miss</u>				
24. FUNERAL DIRECTOR <u>John W. German</u> ADDRESS <u>Nayti, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-1-59</u>		26. REGISTRAR'S SIGNATURE <u>LaTanda Adams</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 AUG 8

1959 SEP 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.